

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028969

FILED VS SEP 1 1959

3913

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3913

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 42 yrs	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1111 GARFIELD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OSCAR Middle A Last BILLUPS SR			4. DATE OF DEATH Month AUGUST Day 11 Year 1959			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-20-1888	9. AGE (last birthday) 70 yrs	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Birmingham, Alabama	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Washington Billups		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Flossie Billups		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 186-00-8177	17. INFORMANT OSCAR BILLUPS, son 1111 GARFIELD KCMO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortitis (specific) with marked narrowing of the coronary orifices; coronary atherosclerosis					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized atherosclerosis; hypertensive myocarditis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from 8-9-59 , to 8-11-59 and last saw her alive on 8-11-59 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Spence P. McDaniel MD</i> (Degree or title)			22b. ADDRESS Kansas City Mo.		22c. DATE SIGNED 8-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-15-59	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) Kans. City, Missouri		(State)	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-12-59	26. REGISTRAR'S SIGNATURE <i>Alva Minshall</i>		

DOCUMENT

BY AFFIDAVIT OF **Spence P. McDaniel** MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Green

Licensed Embalmer No. 4721

P. O. Address 18th & B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.